

July 26, 2018

Dear Commission Meyers and the DHHS Team:

The Institute for Health Policy and Practice (IHPP) at the University of New Hampshire is pleased to submit these comments in response to the DHHS' request for public input related to its submission to the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) Grant program. We commend DHHS for actively seeking public feedback for this important opportunity. This grant can be a significant investment for improving the lives of people living with opioid use disorder; building up the prevention, treatment, and recovery communities; and addressing the systematic needs to address opioid use disorder the macro level. Each of the focal areas in IHPP (Health Law and Policy, Delivery System and Payment Reform, Public Health and Health Promotion, Long Term Care and Aging, and Health Analytics and Informatics) has worked directly with issues related to opioid use disorder, and our comments reflect a variety of experiences related to the issue.

IHPP recognizes that there are many ways to meet the SOR goals to: increase access to Medication-Assisted Treatment (MAT), reduce unmet treatment need, and reduce opioid overdose related deaths. Based on our work at the policy, provider, and community levels, IHPP suggests the following priorities of focus for the SOR grant opportunity:

- 1) *Supplement the investments being made at the local level, including in the Integrated Delivery Networks, to develop sustainable models of integrated behavioral health and continue efforts to develop a fully realized system of care for SUD and OUD in NH.*
  - This includes supporting development of new models for care delivery and payment to support efficient integration at both primary care and behavioral health care practices.
  - This activity is directly in line with the FOA's requirement to "Address barriers to receiving MAT by...developing innovative systems of care to expand access to treatment, engage and retain patients in treatment."
- 2) *Address the needs of the provider community related confidentiality obligations under 42 CFR Part 2 as part of care coordination.*
  - There is work being considered in the IDNs for a Project ECHO® model to support the needs related to information sharing to improve patient care, but resource needs remain. There is an opportunity to include remote practitioners of every kind and to harness the efforts already developed by leading practices, attorneys, vendors, and systems of care.

- This work would support the activity described in the FOA “Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support SUD prevention, treatment, and recovery.”
- 3) *Improve access to MAT by increasing practices’ ability to accept additional OUD patients by improving practice workflows and increasing provider comfort level in managing OUD as a chronic condition. including MAT.*
- There has been success in assisting NH provider practices improve workflows to provide greater efficiency and increase access to care through quality improvement and practice transformation techniques through the Behavioral Health Integration Learning Collaboration and the Practice Transformation Network. There has also been success in the use of the Project ECHO® model for perinatal care and substance use disorder in the northern New England area, including an upcoming ECHO on MAT. There is an opportunity to expand on this work and make it more available and tailored to the New Hampshire provider community, supporting practices’ ability to offer services and increase access to care for patients.
  - This work would help New Hampshire address the goal described in the FOA to “Address barriers to receiving MAT by reducing the cost of treatment, developing innovative systems of care to expand access to treatment...”
- 4) *Improve access to MAT and other SUD treatments through improved awareness of coverage benefits and solutions for addressing coverage barriers.*
- There is a need to update, enhance, translate, broadly disseminate the mental health parity and “[Resource Guide for Consumers of SUD and Mental Health Care Services](#)” (“The Parity Guide”, as it is often known), in order to ensure patients of all backgrounds can access treatment and navigate coverage barriers.
  - This work would help achieve the goal in the FOA to “Address barriers to receiving MAT by... engage and retain patients in treatment, address discrimination associated with accessing treatment, including discrimination that limits access to MAT, and support long-term recovery.”
- 5) *Understand the scope and needs of the community through analysis of existing data, development of data systems to fill voids, and implementing data improvements to better understand the scope of and needs around opioid use disorder.*
- There has been significant work to better describe the scope, nature, cost, and utilization of services related to opioid use disorder through the Governor’s Task Force, the State Epidemiological Outcomes Work (SEOW) Group, the Division of Public Health Services, and other stakeholders. The SOR provides an opportunity to continue to build on that work, including identifying gaps in needed data and development of systems to meet those needs.
  - The FOA emphasizes the need for data, as evidenced by the requirement for a data plan (described in Appendix F).
- 6) *Focus the efforts, including prevention efforts, in priority and emerging populations.*

- The current demographics of New Hampshire should be considered in planning for prevention, treatment, and recovery efforts. This includes New Hampshire's reality that its population is aging and there has not been direct planning for the needs of the older adult population and its addiction experience.
- Aligned with this, the FOA emphasizes the need "develop evidence-based community prevention efforts."

Collaborators across UNH, including the Carsey School, the Department Social Work, and other partners, are prepared to assist DHHS in the activities in New Hampshire's response to the FOA. In addition to the items specified above, there are possible needs for reviews of evidence-based practices, new data collection, and analyses to meet specific needs for program implementation. We encourage DHHS to continue to work closely with partners throughout New Hampshire to leverage the amount of time, energy, and resources that have been put towards addressing the opioid epidemic. A coordinated approach will maximize the investment available through this grant award, along with all the other investments that have been made across the state to address opioid use disorder.

Again, thank you for the opportunity to provide input into this important grant application. We welcome the opportunity for further conversation. Please do not hesitate to contact me, or members of the IHPP team, should you need any additional information.

Best regards,



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